



# NEW MEMBER APPLICATION FOR INTERNATIONAL COMPANIES

The Independent Cosmetic Manufacturers and Distributors (ICMAD) cordially invite you to become an International Member of this exciting cosmetic trade association.

ICMAD offers cosmetic companies located outside of the U.S and Canada the opportunity to meet your North American counterparts. Our thirty year old professional organization caters to all areas of the cosmetic industry: manufacturers, distributors, importers and exporters, consultants and retailers.

The International annual membership is \$400 U.S. dollars which entitles you to networking with all our members. You will have access to the Members Only section of the ICMAD website to view the latest newsletter, contact other ICMAD members and access the on-line directory of members' products and services, as well as place your company's listing in the directory. You will also receive our ICMAD Digest which will keep updated on developments in the cosmetic industry such as government regulations, safety standards, FDA and various state regulations, a schedule of cosmetic shows and packaging standards. We urge you to take advantage of this opportunity to join ICMAD as an International Member.

Please fill out the following information and mail it to: **ICMAD, 1220 W. Northwest Highway, Palatine, IL 60067, or by fax: 847-991-8161. Questions? E-mail info@icmad.org.**

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please check one category:**

- Cosmetic Manufacturer
- Cosmetic Distributor
- Supplier of Components
- Retail Establishment
- Other (please describe) \_\_\_\_\_

Please print name and title of your company's officers

\_\_\_\_\_

# of Years in Business: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Principal Products: \_\_\_\_\_

\_\_\_\_\_ I have enclosed a check for \$400 U.S. Dollars drawn on a U.S. Bank.

\_\_\_\_\_ Please bill my credit card: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ American Express

Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name(Please Print) \_\_\_\_\_ Signature \_\_\_\_\_